

# AutoPay Sales Order

Est. Start Date	Prod. Code	Co. Code
ASAP		45K

TAXPAYER LEGAL NAME (Use CAPITAL LETTERS. Include spaces, ampersands, and hyphens. Do not enter any other punctuation. 35 characters maximum.)

MKM Oil

Legal Address 603 North East		City, State, Zip Gardner IL 60131		County	
Payroll Contact See Pay Profile		Email mkimmoile.parker@net.net		Executive Contact	
Phone Rick Marketti		Fax		Phone 815-237-0100	
Billing Address (if different from Legal) (815) 237-0100		City, State, Zip		County	

Payroll & HRIS Features		Freq.	Processing	Conversion
<input type="checkbox"/>	See Enclosed Order			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>	New Client!			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
Total Per Pay Cycle →				
Conversion Total (one time fee) →				

☐ PCPW ☒ Pay eXpert ☐ Phone

License Fees		
# Licenses	x \$ each	= Total Fee
PCPW _____		
Database Vendor:		
RS _____		
HRP _____		
ESS _____		
Other _____		

[illegible]

Tax Exempt #:
SIC Code:

<b>Year End Information Service</b>	<b>\$ 4.15 Per W-2</b>	<b>\$ 75 Minimum</b>
<b>Additional Jurisdiction Fee</b>	<b>\$7 Per Additional Jurisdiction</b>	<b># of Additional Jurisdictions:</b>
<b>Applied for Status</b>	<b>\$25 Fee/State/Month (# of states*: )</b>	<b>\$25 Fee/SUI State/Qtr (# of SUI states*: )</b>
<b>Deposit Check #:</b>	<b>Deposit Check Amount:</b>	<b>DDF: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>

\* = # in applied for status

**CONTINUE TO PAY YOUR TAXES UNTIL ADP STARTS YOUR TAX FILING SERVICE!**

THE ADP SERVICES COVERED BY THIS AGREEMENT ARE PROVIDED IN ACCORDANCE WITH THE  
ADDITIONAL TERMS AND CONDITIONS ON THE REVERSE SIDE OF THIS AGREEMENT.  
Automatic Data Processing -- One ADP Boulevard, Roseland New Jersey 07068 -- (973) 994-5000

ADP Sales Associate	Date	Client Authorization	Date	Sales Manager	Date
<i>P. C. 10</i>					

PROCESSING INC.  
K427



# CLIENT ACCOUNT AGREEMENT AND AUTHORIZATION TO DEBIT/CREDIT



CLIENT NAME MKM OIL INC BRANCH IP CO. CODE 45K

## ADDITIONAL APPLICABLE COMPANY CODES

CLIENT agrees to one of the debit methods listed below for collection of (1) payroll tax obligations related to ADP's Tax Filing Services, (2) payroll obligations related to ADP's TotalPay, TotalPay Plus, FSDD, ADPCheck, PayCard and /or Instant Pay Services, (3) wage garnishment deduction amounts related to ADP's WGPS Services, (4) business tax deposit obligations related to ADP's Electronic Business Tax Services, and/or (5) the applicable fees for ADP's Services. Such debits will be initiated by ADP, Inc. ("ADP") out of CLIENT's applicable account specified below (the "DDA Account") at the financial institution specified below ("BANK").

## DEBIT METHOD (Check Applicable Box):

*Note: (ACH method will be used to collect all service fees)*

☒ ACH or PRE-AUTHORIZED DRAFT

BANK is authorized to charge the DDA ACCOUNT in accordance with the ACH provisions on the back of this Agreement. *Note: CLIENT electing ACH or PRE-AUTHORIZED DRAFT may be contacted by an ADP representative to make arrangements for a wire transfer of funds for impounds exceeding the established dollar limit for processing by ACH or PRE-AUTHORIZED DRAFT. Such dollar limit shall be determined by ADP in its sole discretion.*

☐ REVERSE WIRE (All Payrolls)

ADP will initiate a request for a wire transfer of funds from the DDA ACCOUNT in accordance with the Reverse Wire provisions on the back of this Agreement.

☐ REVERSE WIRE (Over ACH Dollar Limit)

In the event a single impound exceeds the established threshold for ACH processing, CLIENT agrees that ADP may initiate a request for a wire transfer of funds from the DDA ACCOUNT in accordance with the Reverse Wire instructions on the back of this Agreement.

## BANK INFORMATION:

<input checked="" type="checkbox"/> Payroll Taxes	<input checked="" type="checkbox"/> Fees for Services	<input checked="" type="checkbox"/> TotalPay	<input checked="" type="checkbox"/> FSDD	<input checked="" type="checkbox"/> ADPCheck	<input type="checkbox"/> TotalPay Plus	<input type="checkbox"/> PayCard	<input type="checkbox"/> Instant Pay	<input type="checkbox"/> WGPS
<input type="checkbox"/> EBTS <input type="checkbox"/> Other								
BANK Transit/ABA #					BANK Account #			
BANK Name					BANK Contact			
BANK Address					BANK Phone			

<input type="checkbox"/> Payroll Taxes	<input type="checkbox"/> Fees for Services	<input type="checkbox"/> TotalPay	<input type="checkbox"/> FSDD	<input type="checkbox"/> ADPCheck	<input type="checkbox"/> TotalPay Plus	<input type="checkbox"/> PayCard	<input type="checkbox"/> Instant Pay	<input type="checkbox"/> WGPS
<input type="checkbox"/> EBTS <input type="checkbox"/> Other								
BANK Transit/ABA #					BANK Account #			
BANK Name					BANK Contact			
BANK Address					BANK Phone			

<input type="checkbox"/> Payroll Taxes	<input type="checkbox"/> Fees for Services	<input type="checkbox"/> TotalPay	<input type="checkbox"/> FSDD	<input type="checkbox"/> ADPCheck	<input type="checkbox"/> TotalPay Plus	<input type="checkbox"/> PayCard	<input type="checkbox"/> Instant Pay	<input type="checkbox"/> WGPS
<input type="checkbox"/> EBTS <input type="checkbox"/> Other								
BANK Transit/ABA #					BANK Account #			
BANK Name					BANK Contact			
BANK Address					BANK Phone			

## COMPLETE THIS SECTION ONLY IF FSDD, ADPCHECK, PAYCARD, INSTANT PAY OR TOTALPAY/TOTALPAY PLUS IS INDICATED ABOVE:

Est. No. of Employees: <u>140</u>	FSDD Start Date:	ADPCheck Start Date:	PayCard Start Date:	Instant Pay Start Date:	Federal ID # <u>[REDACTED]</u>
Bank Disbursement State (if applicable) <u>IL</u>					

In consideration of BANK's compliance with this authorization, CLIENT agrees that BANK's treatment of any charge, and BANK's rights with respect thereto, shall be the same as if the charge were initiated personally by CLIENT, and that if any charge is dishonored, whether with or without cause, BANK shall be under no liability whatsoever. In addition, CLIENT authorizes ADP to credit the DDA ACCOUNT when necessary, at ADP's sole discretion, for any refund or credit amount due CLIENT.

In the event of any conflict between the terms and conditions of this Agreement and the terms and conditions of any Price Quotation, Sales Order, National Account Agreement, or ADP Terms and Conditions attached to any proposal given to CLIENT, this Agreement shall control.

This authorization shall remain in effect unless and until revoked in writing by an authorized representative of CLIENT and until BANK and ADP have each received such notice and have had reasonable time to act upon such notice.

CLIENT Signature [Signature] Date 5/21/2004

CLIENT Representative Name & Title Rick R. Markert; ADPS

(Must be an authorized signatory on the accounts listed above)



# Limited Power of Attorney and Tax Information Authorization

(In accordance with Internal Revenue Service Revenue Procedures)



Tax Filing Service

1. COMPANY CODE	2. BRANCH	3. FEDERAL ID NUMBER
45K	1P	[REDACTED]

4. TAXPAYER LEGAL NAME (Include spaces, ampersands, and hyphens. Do not enter any other punctuation.):

MKM OIL INC

5. DBA NAME (Include spaces, ampersands, and hyphens. Do not enter any other punctuation.):

REPORTING AGENT: ADP Tax Services, 400 Covina Boulevard, San Dimas, CA 91773, ID # 22-3006057, 800/235-7212

ADP is hereby appointed Reporting Agent with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media, or on paper, for the above stated taxpayer to Federal, State, and Local jurisdictions. ADP is authorized as a designee of the taxpayer to receive notices, correspondence, transcripts, deposit frequency data, or other information with respect to employment tax returns filed and deposits made by the designee.

This authorization shall include the appropriate State and Local forms and the following Federal forms, beginning with the tax period indicated and remaining in effect through subsequent periods until the taxpayer or designee notifies IRS that this authorization is terminated or revoked. If the taxpayer is required to file a return electronically or to submit federal tax deposit data electronically, ADP is required to file the return and submit the deposit data electronically for the taxpayer. If the taxpayer is not required to file or deposit electronically, ADP may file or make deposits on their behalf in one of the filing methods indicated below:

6. Forms	940	941	943	FTD	E = Electronic
7. Filing Method	E,M,P	E,M,P	E,M,P	E,M	M = Magnetic Media
8. Beginning Period	(Tax Year) 2004	(Qtr/Yr) 2/04	(Tax Year)	(Qtr/Yr) 2/04	P = Paper

9. FOR ADP USE ONLY:

☒ PAYROLL / TAX FILING SERVICE

☒ ELECTRONIC BUSINESS TAX SERVICE

The Limited Power of Attorney and Tax Information Authorization revokes all earlier tax filing powers of attorney and tax information authorizations on file with respective taxing authorities with respect to the same tax matters and tax periods covered hereby, but has no effect on any other Power of Attorney or authorization.

## 10. Signature of Taxpayer or Authorized Representative

I understand that this authorization does not absolve me as the taxpayer of the responsibility to ensure that all returns are filed and all taxes are paid on time. I authorize the taxing authorities to disclose otherwise confidential tax information to ADP as necessary to discuss or provide filing or account information relating to employment tax returns filed or to be filed and/or deposits made or to be made by ADP (including information relating to any penalty resulting from such deposits) as well as deposit requirements. I certify that I have the authority to authorize the disclosure of otherwise confidential tax data on behalf of the taxpayer.

Rick R. MARICCHI

Name (Required)

PPES

Title

[Signature]

Signature (Required)

5/21/2004

Date (Required)

Reporting Agent Signature